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AUTHOR Hatala, Elaine
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ABSTRACT

This paper describes the experiential therapy program at the Bowling Green Adolescent Center (New Jersey). This model supports the view that the therapeutic process of addiction treatment is accelerated and enhanced by providing the patients with experiential interventions. Experiential therapy includes goal setting, hands-on participation, group-oriented interactions, and activities allowing for accommodation and expression of patient progress. Following each activity patients are prompted to make observations about individual and group behaviors and the impact on themselves and others. Through generalizations, patients begin on a cognitive level to relate those experiences and behavior to recovery. Patients are encouraged to take what they have experienced and learned during adventure experiences, and apply it to their therapies and interactions. Another component of the program is the use of daily behavior contracts which establish individual and group goals. Each week, one of the therapists and his/her therapy group go to the high ropes course, which has proven to be an enjoyable, rewarding, and helpful intervention for patients. Bowling Green staff, professionally trained, are intimately involved in the treatment program. This paper suggests that experiential therapy is an effective vehicle for patients to address individual treatment goals. (LP)

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Experiential Learning and Therapy

Elaine Hatala
Bowling Green Adolescent Center
109 Jackson Road • P.O. Box 314
Berlin, NJ 08009
(609) 767-3000 • 1-800-232-2661 • FAX(609) 753-9658

Experiential Therapy is a vehicle for patients to address individual treatment goals. Experiential Therapy at Bowling Green Adolescent Center is based on a model of experiential learning. This model, described here, supports our conviction that the therapeutic process of addictions treatment is accelerated and enhanced by providing the patients with experiential, rather than traditional didactic styles of interventions as the primary vehicle for treatment. This is not to say that didactic styles of interventions are not utilized at Bowling Green. Group therapy, as well as individual and family therapies, are essential to the provision of a complete treatment process. Also essential are lectures on a variety of topics germane to recovery. AA meetings and study of the 12 Steps occur frequently and on a regular basis in our program. Experiential therapy provides patients with opportunities to experience firsthand, and then process, their physical, cognitive, emotional and social styles; and opportunities to experience, practice and process new, healthier styles that are conducive to recovery. We begin each day at Bowling Green (after a community meeting to address community issues and establish a focus for the day) with an experience, then the rest of the day processing the issues raised, and applying the lessons learned; all in preparation and practice for when the child pursues recovery in less structured environments.

The experiential learning model posits that optimal learning can take place when individuals participate in relevant experiences, make observations about behaviors that occurred during the activities, make generalizations about the behaviors, and have opportunities to apply and practice insights and skills gained through participation in the activities.

Experiences

Experiences are the cornerstone of experiential therapy.

Characteristics of activities utilized for this purpose are as follows:

1. PURPOSEFUL: Facilitate the expression of individual treatment goals, the community goal established daily in the community meeting, and the goal of Bowling Green Adolescent Center as a treatment facility.
2. PRO-ACTIVE: Typically require gross motor movement and always hands-on participation.
3. PRO-SOCIAL: Group-oriented, demand interpersonal and inter/intragroup interactions.
4. SEQUENCED: Meet the presenting needs of the patients and allow for the accommodation and expression of progress.

Observations

Integral to facilitating learning based on experience is processing the experiences. Following each

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activity, patients are prompted to make observations about behaviors that occurred during the activity. These phases of the processing answers the question, What? What specific behaviors occurred during the activity? It is important that the patients identify specific behaviors. For example, the patients may make the observation that the group communicated well. What specific behaviors made it effective communication? Did only one person talk at a time? Were ideas shared? Were solutions discussed as a group?

Generalizations

This component of the experiential learning cycle continues the processing of the experience. This part of the processing answers the question, "So what?" What are the consequences of the specific behaviors identified during the Observation phase of the processing? For example, and staying with the cited observation that the group communicated well because only one person talked at a time, the patients may generalize that when only one person talks at a time, group tasks can be solved successfully. Also explored under this umbrella is how the conclusions drawn during the observation portion of the cycle generalize or relate to recovery. It is here where the patients begin, on a cognitive level, the transfer of learning that is so aptly facilitated through experiential learning. The patients have experienced and identified individual and group behaviors that are constructive and destructive, and now relate those experiences and behaviors to recovery. In the cited example, the patients may conclude that in order to be successful in recovery, it is important to communicate with others to be successful in the task of recovery. Also, it is important to allow each other to talk without being interrupted. AA meetings are an arena where one can talk without being interrupted, and hence are an environment that can contribute to successful recovery.

Applications

This phase of the processing answers the question, "Now what?" At the end of each Adventure group, the patients are encouraged to take what they experienced and learned during Adventure and apply it to their therapies, interactions, and experiences during the rest of the day. Patients are encouraged to practice the skills they experienced or observed as constructive. In the case of the identified example, the patients would be encouraged to allow each other to speak without being interrupted throughout the day. The message is also that each patient deserves to be able to speak without being interrupted and is encouraged to assert himself/herself to make sure this occurs.

Full Value Contracts

As previously mentioned, the cycle of experiential therapy is fueled by individual and group goals. Each morning in the Community Meeting, after the patients establish a group goal for the day, they establish a contract for the day. The contract is designed to help the patients value themselves and other members of the community. This contract identifies one specific, measurable behavior that the patients agree to employ for the day. This behavior is established to provide a structure to ensure an environment in which individual and group goals can be addressed. If at any time during the day the contract is not being fulfilled, the action stops and the behavior that is not satisfying the contract is addressed. The action continues only after the unacceptable behavior ceases. An example of a community contract that supports the group goal of supporting one another might be "no devaluing". In this case, if any patient feels devalued by a member of the community, it is his/her responsibility to make it known that he/she experienced being devalued. This helps the patients value themselves, practice assertiveness, and experience the treatment community as a safe place to pursue their treatment goals. Another important value of establishing and fulfilling

contracts on a daily basis is that when patients leave treatment they and their parents/guardians sign a behavioral contract that the child is obligated to fulfill. By practicing the demands of and experiencing the benefits of a sound contract on a daily basis, the patients are accustomed to and have experience in fulfilling contracts. This is a necessary skill if youth are to be successful in recovery when they leave the structure of inpatient treatment.

Challenge By Choice

Challenge by Choice means that if a patient perceives an activity as physically risky (i.e., trust falls or the high ropes course), he/she may choose not to participate in the activity. A patient is never coerced in any fashion to participate in any "risky" activities, nor are there any negative consequences levied if one chooses not to actively participate in these activities. At Bowling Green, we employ a strict policy of Challenge By Choice to ensure the safety of all patients. We believe that valuable learning can occur by passive participation; observing others' behaviors and reactions during activities. Challenge By Choice during Experiential Therapy groups reinforces that recovery is a challenge individuals must ultimately choose to engage in if they are going to maintain a drug and alcohol-free lifestyle.

The High Ropes Course

The high ropes course is treated as any other experience in the Experiential Therapy program at Bowling Green. Each week, one of the therapists and his/her therapy group goes to the ropes course for the day. Also in attendance are Bowling Green staff that have been professionally trained in ropes course instruction and are intimately involved in the treatment program at Bowling Green. Once a month we have an outing to the ropes course for the patients that have earned high levels in the level system at Bowling Green. During the drive to the ropes course, a community meeting is led by a patient, individual goals are established, and a group goal and contract are established for the day. At the end of the day, on the ride home from the course, each patient evaluates whether they accomplished their goal, makes observations about what they specifically experienced during the day, and shares with the group how these experiences relate to their recovery. Each patient processes their experience by addressing the what? so what? now what? questions. Challenge By Choice, as described above, is strictly enforced. As such, patients are obligated to attend the ropes course outing with their therapy group but not obligated to climb or access the elements. The high ropes course, rich in experience and metaphor, has proven to be a very enjoyable, rewarding and helpful intervention for the patients.

Personalized Interventions

Experiential therapy is incorporated into each patient's treatment plan. Because of the nature of the activities utilized in experiential therapy, individual learning styles and individual specific needs can be accommodated in the activities. Patients have specific treatment goals they consciously work on during experiential therapy groups. Progress notes, describing the patient's behavior and progress during experiential therapy groups, are documented after each patient's attendance to a ropes course outing. A summary of progress in experiential therapy during a patient's course of treatment is noted in the patient's discharge summary. The process of experiential learning becomes experiential therapy when the activities the patients engage in are planned and implemented as vehicles for patients to address individual treatment goals.